

By Senator Diaz

36-00596A-21

2021894__

1 A bill to be entitled
2 An act relating to physician assistants; amending ss.
3 458.347 and 459.022, F.S.; revising legislative
4 intent; defining and redefining terms; deleting a
5 limitation on the number of physician assistants a
6 physician may supervise at one time; deleting a
7 provision prohibiting a requirement that a supervising
8 physician review and cosign charts or medical records
9 prepared by a physician assistant under his or her
10 supervision; revising physician assistant continuing
11 education requirements related to prescribing
12 controlled substance medications; providing
13 construction; allowing physician assistants to provide
14 certain authorizations that are otherwise provided by
15 physicians, with an exception; revising provisions
16 relating to approved programs for physician
17 assistants; revising provisions relating to physician
18 assistant licensure requirements; revising provisions
19 relating to temporary licensure of physician
20 assistants; requiring the Board of Medicine and the
21 Board of Osteopathic Medicine to register physician
22 assistants as autonomous physician assistants if they
23 meet specified criteria; requiring the Department of
24 Health to distinguish autonomous physician assistants
25 and include specified information in their
26 practitioner profiles; providing functions an
27 autonomous physician assistant may perform without
28 physician supervision; providing for registration
29 renewal; requiring the Council on Physician Assistants

36-00596A-21

2021894__

30 to develop certain rules; requiring autonomous
31 physician assistants to provide specified written
32 information to new patients when engaging in
33 autonomous practice; requiring autonomous physician
34 assistants to report adverse incidents to the
35 department; authorizing physician assistants to
36 directly bill and receive payment from public and
37 private insurance companies; providing criminal
38 penalties; providing for disciplinary action; revising
39 rules to be adopted by the boards; amending ss.
40 382.008, 394.463, and 401.45, F.S.; conforming
41 provisions relating to certificates of death,
42 certificates for involuntary examinations, and orders
43 not to resuscitate, respectively, to changes made by
44 the act; providing an effective date.

45
46 Be It Enacted by the Legislature of the State of Florida:

47
48 Section 1. Section 458.347, Florida Statutes, is amended to
49 read:

50 458.347 Physician assistants.—

51 (1) LEGISLATIVE INTENT.—

52 ~~(a)~~ The purpose of this section is to allow physician
53 assistants to practice medicine in collaboration with physicians
54 and other health care practitioners to provide increased
55 efficiency of and access to high-quality medical services at a
56 reasonable cost to consumers in this state. Given their
57 education, training, and experience in the practice of medicine,
58 physician assistants are competent to provide these medical

36-00596A-21

2021894__

59 ~~services encourage more effective utilization of the skills of~~
60 ~~physicians or groups of physicians by enabling them to delegate~~
61 ~~health care tasks to qualified assistants when such delegation~~
62 ~~is consistent with the patient's health and welfare.~~

63 ~~(b) In order that maximum skills may be obtained within a~~
64 ~~minimum time period of education, a physician assistant shall be~~
65 ~~specialized to the extent that he or she can operate efficiently~~
66 ~~and effectively in the specialty areas in which he or she has~~
67 ~~been trained or is experienced.~~

68 ~~(c) The purpose of this section is to encourage the~~
69 ~~utilization of physician assistants by physicians and to allow~~
70 ~~for innovative development of programs for the education of~~
71 ~~physician assistants.~~

72 (2) DEFINITIONS.—As used in this section, the term:

73 (a) "Approved program" means a physician assistant program
74 in the United States or in its territories or possessions which
75 is accredited by the Accreditation Review Commission on
76 Education for the Physician Assistant or, for programs before
77 2001, accredited by its equivalent or predecessor entities the
78 Committee on Allied Health Education and Accreditation or the
79 Commission on Accreditation of Allied Health Education Programs
80 ~~program, formally approved by the boards, for the education of~~
81 ~~physician assistants.~~

82 (b) "Autonomous physician assistant" means a physician
83 assistant who meets the requirements of subsection (9) to
84 practice primary care without physician supervision.

85 ~~(c)(b)~~ "Boards" means the Board of Medicine and the Board
86 of Osteopathic Medicine.

87 ~~(e)(e)~~ "Council" means the Council on Physician Assistants.

36-00596A-21

2021894__

88 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
89 in an approved program.

90 (g)~~(e)~~ "Physician assistant" means a person who is licensed
91 as a physician assistant under this chapter or chapter 459 and
92 is qualified by academic and clinical training to provide
93 medical services, under physician supervision and in
94 collaboration with other health care practitioners, to patients,
95 including, but not limited to, diagnosing illnesses, developing
96 and managing treatment plans, performing medical procedures, and
97 prescribing and dispensing medications ~~is a graduate of an~~
98 ~~approved program or its equivalent or meets standards approved~~
99 ~~by the boards and is licensed to perform medical services~~
100 ~~delegated by the supervising physician.~~

101 (h)~~(f)~~ "Supervision" means responsible supervision and
102 control. Except in cases of emergency, supervision requires the
103 easy availability or physical presence of the licensed physician
104 for consultation and direction of the actions of the physician
105 assistant. For the purposes of this definition, the term "easy
106 availability" includes the ability to communicate by way of
107 telecommunication. The boards shall establish rules as to what
108 constitutes responsible supervision of the physician assistant.

109 (f)~~(g)~~ "National certification" ~~"Proficiency examination"~~
110 means a postgraduate certification ~~an entry-level~~ examination
111 approved by the boards, including, but not limited to, those
112 examinations administered by the National Commission on
113 Certification of Physician Assistants or its equivalent or
114 successor entity.

115 (d)~~(h)~~ "Continuing medical education" means courses
116 recognized and approved by the boards, the American Academy of

36-00596A-21

2021894__

117 Physician Assistants, the American Medical Association, the
118 American Osteopathic Association, or the Accreditation Council
119 on Continuing Medical Education.

120 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
121 group of physicians supervising a licensed physician assistant
122 must be qualified in the medical areas in which the physician
123 assistant is to perform and shall be individually or
124 collectively responsible and liable for the performance and the
125 acts and omissions of the physician assistant. ~~A physician may
126 not supervise more than four currently licensed physician
127 assistants at any one time. A physician supervising a physician
128 assistant pursuant to this section may not be required to review
129 and cosign charts or medical records prepared by such physician
130 assistant.~~

131 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

132 (a) The boards shall adopt, by rule, the general principles
133 that supervising physicians must use in developing the scope of
134 practice of a physician assistant under direct supervision and
135 under indirect supervision. These principles shall recognize the
136 diversity of both specialty and practice settings in which
137 physician assistants are used.

138 (b) This chapter does not prevent third-party payors from
139 reimbursing employers of physician assistants for covered
140 services rendered by licensed physician assistants.

141 (c) Licensed physician assistants may not be denied
142 clinical hospital privileges, except for cause, so long as the
143 supervising physician is a staff member in good standing.

144 (d) A supervisory physician may delegate to a licensed
145 physician assistant, pursuant to a written protocol, the

36-00596A-21

2021894__

146 authority to act according to s. 154.04(1)(c). Such delegated
147 authority is limited to the supervising physician's practice in
148 connection with a county health department as defined and
149 established pursuant to chapter 154. The boards shall adopt
150 rules governing the supervision of physician assistants by
151 physicians in county health departments.

152 (e) A supervising physician may delegate to a fully
153 licensed physician assistant the authority to prescribe or
154 dispense any medication used in the supervising physician's
155 practice unless such medication is listed on the formulary
156 created pursuant to paragraph (f). A fully licensed physician
157 assistant may only prescribe or dispense such medication under
158 the following circumstances:

159 1. A physician assistant must clearly identify to the
160 patient that he or she is a physician assistant and inform the
161 patient that the patient has the right to see the physician
162 before a prescription is prescribed or dispensed by the
163 physician assistant.

164 2. The supervising physician must notify the department of
165 his or her intent to delegate, on a department-approved form,
166 before delegating such authority and of any change in
167 prescriptive privileges of the physician assistant. Authority to
168 dispense may be delegated only by a supervising physician who is
169 registered as a dispensing practitioner in compliance with s.
170 465.0276.

171 3. The physician assistant must complete a minimum of 10
172 continuing medical education hours in the specialty practice in
173 which the physician assistant has prescriptive privileges with
174 each licensure renewal. Three of the 10 hours must consist of a

36-00596A-21

2021894__

175 continuing education course on the safe and effective
176 prescribing of controlled substance medications which is offered
177 by a provider approved by the American Academy of Physician
178 Assistants and which is a statewide professional association of
179 physicians in this state accredited to provide educational
180 activities designated for the American Medical Association
181 Physician's Recognition Award Category 1 credit or designated by
182 the American Academy of Physician Assistants as a Category 1
183 credit.

184 4. The department may issue a prescriber number to the
185 physician assistant granting authority for the prescribing of
186 medicinal drugs authorized within this paragraph upon completion
187 of the requirements of this paragraph. The physician assistant
188 is not required to independently register pursuant to s.
189 465.0276.

190 5. The prescription may be in paper or electronic form but
191 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
192 and must contain, in addition to the supervising physician's
193 name, address, and telephone number, the physician assistant's
194 prescriber number. Unless it is a drug or drug sample dispensed
195 by the physician assistant, the prescription must be filled in a
196 pharmacy permitted under chapter 465 and must be dispensed in
197 that pharmacy by a pharmacist licensed under chapter 465. The
198 inclusion of the prescriber number creates a presumption that
199 the physician assistant is authorized to prescribe the medicinal
200 drug and the prescription is valid.

201 6. The physician assistant must note the prescription or
202 dispensing of medication in the appropriate medical record.

203 (f)1. The council shall establish a formulary of medicinal

36-00596A-21

2021894__

204 drugs that a fully licensed physician assistant having
205 prescribing authority under this section or s. 459.022 may not
206 prescribe. The formulary must include general anesthetics and
207 radiographic contrast materials and must limit the prescription
208 of Schedule II controlled substances as listed in s. 893.03 to a
209 7-day supply. The formulary must also restrict the prescribing
210 of psychiatric mental health controlled substances for children
211 younger than 18 years of age.

212 2. In establishing the formulary, the council shall consult
213 with a pharmacist licensed under chapter 465, but not licensed
214 under this chapter or chapter 459, who shall be selected by the
215 State Surgeon General.

216 3. Only the council shall add to, delete from, or modify
217 the formulary. Any person who requests an addition, a deletion,
218 or a modification of a medicinal drug listed on such formulary
219 has the burden of proof to show cause why such addition,
220 deletion, or modification should be made.

221 4. The boards shall adopt the formulary required by this
222 paragraph, and each addition, deletion, or modification to the
223 formulary, by rule. Notwithstanding any provision of chapter 120
224 to the contrary, the formulary rule shall be effective 60 days
225 after the date it is filed with the Secretary of State. Upon
226 adoption of the formulary, the department shall mail a copy of
227 such formulary to each fully licensed physician assistant having
228 prescribing authority under this section or s. 459.022, and to
229 each pharmacy licensed by the state. The boards shall establish,
230 by rule, a fee not to exceed \$200 to fund the provisions of this
231 paragraph and paragraph (e).

232 (g) A supervisory physician may delegate to a licensed

36-00596A-21

2021894__

233 physician assistant the authority to, and the licensed physician
234 assistant acting under the direction of the supervisory
235 physician may, order any medication for administration to the
236 supervisory physician's patient in a facility licensed under
237 chapter 395 or part II of chapter 400, notwithstanding any
238 provisions in chapter 465 or chapter 893 which may prohibit this
239 delegation.

240 (h) A licensed physician assistant may perform services
241 delegated by the supervising physician in the physician
242 assistant's practice in accordance with his or her education and
243 training unless expressly prohibited under this chapter, chapter
244 459, or rules adopted under this chapter or chapter 459.

245 (i) Nothing in this chapter prohibits a supervising
246 physician from delegating his or her roles under s. 458.3485 to
247 a licensed physician assistant.

248 (j) Except for a physician certification under s. 381.986,
249 a licensed physician assistant may provide a signature,
250 certification, stamp, verification, affidavit, or any other
251 endorsement that is otherwise required by law to be provided by
252 a physician, including, but not limited to, any of the
253 following:

254 1. Initiation of an involuntary examination pursuant to s.
255 394.463.

256 2. Orders not to resuscitate or orders for life-sustaining
257 treatment.

258 3. Death certificates, if the physician assistant has
259 received training on the completion of death certificates.

260 4. School physical examinations.

261 5. Medical evaluations for workers' compensation claims.

36-00596A-21

2021894__

262 6. Orders for physical therapy, occupational therapy,
263 speech-language therapy, home health services, or durable
264 medical equipment.

265 7. Pronouncements of death.

266 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other law,~~
267 ~~a trainee may perform medical services when such services are~~
268 ~~rendered within the scope of an approved program.~~

269 ~~(6) PROGRAM APPROVAL.-~~

270 (a) The boards shall approve programs, based on
271 recommendations by the council, for the education and training
272 of physician assistants which meet standards established by rule
273 of the boards. The council may recommend only those physician
274 assistant programs that hold full accreditation or provisional
275 accreditation from the Accreditation Review Commission on
276 Education for the Physician Assistant or its equivalent or
277 successor organization ~~Commission on Accreditation of Allied~~
278 ~~Health Programs or its successor organization. Any educational~~
279 ~~institution offering a physician assistant program approved by~~
280 ~~the boards pursuant to this paragraph may also offer the~~
281 ~~physician assistant program authorized in paragraph (c) for~~
282 ~~unlicensed physicians.~~

283 (b) Notwithstanding any other law, a trainee may perform
284 medical services when such services are rendered within the
285 scope of an approved program ~~The boards shall adopt and publish~~
286 ~~standards to ensure that such programs operate in a manner that~~
287 ~~does not endanger the health or welfare of the patients who~~
288 ~~receive services within the scope of the programs. The boards~~
289 ~~shall review the quality of the curricula, faculties, and~~
290 ~~facilities of such programs and take whatever other action is~~

36-00596A-21

2021894__

291 ~~necessary to determine that the purposes of this section are~~
292 ~~being met.~~

293 ~~(c) Any community college with the approval of the State~~
294 ~~Board of Education may conduct a physician assistant program~~
295 ~~which shall apply for national accreditation through the~~
296 ~~American Medical Association's Committee on Allied Health,~~
297 ~~Education, and Accreditation, or its successor organization, and~~
298 ~~which may admit unlicensed physicians, as authorized in~~
299 ~~subsection (7), who are graduates of foreign medical schools~~
300 ~~listed with the World Health Organization. The unlicensed~~
301 ~~physician must have been a resident of this state for a minimum~~
302 ~~of 12 months immediately prior to admission to the program. An~~
303 ~~evaluation of knowledge base by examination shall be required to~~
304 ~~grant advanced academic credit and to fulfill the necessary~~
305 ~~requirements to graduate. A minimum of one 16-week semester of~~
306 ~~supervised clinical and didactic education, which may be~~
307 ~~completed simultaneously, shall be required before graduation~~
308 ~~from the program. All other provisions of this section shall~~
309 ~~remain in effect.~~

310 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~

311 (a) Any person desiring to be licensed as a physician
312 assistant must apply to the department. The department shall
313 ~~issue a license~~ each applicant recommended to any person
314 ~~certified~~ by the council as having met all of the following
315 requirements:

316 1. Is at least 18 years of age.

317 2. Has graduated from an approved physician assistant
318 program.

319 a. Applicants who matriculate after December 31, 2020, must

36-00596A-21

2021894__

320 have obtained a master's degree from an approved program.

321 b. Applicants who matriculated before January 1, 2020, must
322 have obtained a bachelor's or master's degree from an approved
323 program.

324 c. Applicants who matriculated before July 1, 1994, must
325 have graduated from an approved program of instruction in
326 primary health care or surgery.

327 d. Applicants who matriculated before July 1, 1983, must
328 have obtained certification as a physician assistant by the
329 board.

330 3. Has been nationally certified by obtaining a passing
331 score on the national certification ~~satisfactorily passed a~~
332 ~~proficiency examination by an acceptable score~~ established by
333 the National Commission on Certification of Physician
334 Assistants. If an applicant does not hold a current certificate
335 issued by the National Commission on Certification of Physician
336 Assistants and has not actively practiced as a physician
337 assistant within the immediately preceding 4 years, the
338 applicant must retake and successfully complete the initial
339 certification ~~entry-level~~ examination of the National Commission
340 on Certification of Physician Assistants to be eligible for
341 licensure.

342 ~~4.3.~~ Has completed the application form and remitted an
343 application fee not to exceed \$300 as set by the boards. An
344 application for licensure as ~~made by~~ a physician assistant must
345 include:

346 a. A diploma from an approved ~~certificate of completion of~~
347 ~~a physician assistant training~~ program specified in subsection
348 (5)-(6).

36-00596A-21

2021894__

349 b. A physician assistant program verification form.

350 ~~c.b.~~ Acknowledgment of any prior felony convictions.

351 ~~d.e.~~ Acknowledgment of any previous revocation or denial of
352 licensure or certification in any state.

353 ~~e.d.~~ A copy of course transcripts and ~~a copy of the course~~
354 descriptions ~~description~~ from a physician assistant ~~training~~
355 program.

356 f. If applying for prescribing authority, a copy of the
357 transcript and description of the course in pharmacotherapy
358 which the applicant completed at a physician assistant program
359 ~~describing course content in pharmacotherapy, if the applicant~~
360 ~~wishes to apply for prescribing authority.~~ These documents must
361 meet the evidence requirements for prescribing authority.

362 (b) A physician assistant must notify the board in writing
363 within 30 days after gaining or changing employment or after any
364 change of the physician assistant's supervising physician. The
365 notification must include the supervising physician's full name,
366 Florida medical license number, specialty, and address.

367 (7) TEMPORARY LICENSURE.—

368 (a) Notwithstanding subsection (6), the department may
369 grant a temporary license to practice as a physician assistant
370 to an applicant who meets all of the following criteria:

371 1. Is a recent graduate of an approved program as specified
372 in subsection (5).

373 2. Has satisfied the licensure requirements of paragraph
374 (6) (a) except for passage of the national certification
375 examination administered by the National Commission on
376 Certification of Physician Assistants.

377 3. Is registered or intends to register for the first

36-00596A-21

2021894__

378 available national certification examination after the
379 applicant's graduation.

380 (b) An applicant with a temporary license must comply with
381 the notification requirements of paragraph (6) (b).

382 (c) A temporary license expires 30 days after the
383 department's receipt of the applicant's score on the national
384 certification examination.

385 (d) The department may grant a full license to an applicant
386 who passes the national certification examination.

387 (e) An applicant who fails the national certification
388 examination no longer holds a temporary license to practice as a
389 physician assistant, but may reapply for a 1-year extension of
390 the temporary license. The department may not grant an applicant
391 more than one extension of the temporary license.

392 (f) An applicant may not be licensed as a physician
393 assistant until he or she passes the national certification
394 examination.

395 (g) As prescribed by board rule, the council may require an
396 applicant who does not pass the national certification
397 examination after five or more attempts to complete additional
398 remedial education or training. The council shall prescribe the
399 additional requirements in a manner that permits the applicant
400 to complete the requirements and be reexamined within 2 years
401 after the date the applicant petitions the council to retake the
402 examination a sixth or subsequent time.

403 (8) LICENSURE RENEWAL.—

404 (a)1. The license must be renewed biennially. Each renewal
405 must include:

406 1.a. A renewal fee not to exceed \$500 as set by the boards.

36-00596A-21

2021894__

407 ~~2.b.~~ Acknowledgment of no felony convictions in the
408 previous 2 years.

409 ~~3.e.~~ A completed physician assistant workforce survey,
410 which shall be administered in the same manner as the physician
411 survey established in s. 458.3191 and must contain the same
412 information required in s. 458.3191(1) and (2).

413 ~~(b)2.~~ Beginning July 1, 2018, and every 2 years thereafter,
414 the department shall report the data collected from the
415 physician assistant workforce surveys to the boards.

416 ~~3. The department shall adopt rules to implement this~~
417 ~~paragraph.~~

418 (c) Each licensed physician assistant shall biennially
419 complete 100 hours of continuing medical education or shall hold
420 a current certificate issued by the National Commission on
421 Certification of Physician Assistants.

422 ~~(d) Upon employment as a physician assistant, a licensed~~
423 ~~physician assistant must notify the department in writing within~~
424 ~~30 days after such employment or after any subsequent changes in~~
425 ~~the supervising physician. The notification must include the~~
426 ~~full name, Florida medical license number, specialty, and~~
427 ~~address of the supervising physician.~~

428 ~~(e) Notwithstanding subparagraph (a)2., the department may~~
429 ~~grant to a recent graduate of an approved program, as specified~~
430 ~~in subsection (6), who expects to take the first examination~~
431 ~~administered by the National Commission on Certification of~~
432 ~~Physician Assistants available for registration after the~~
433 ~~applicant's graduation, a temporary license. The temporary~~
434 ~~license shall expire 30 days after receipt of scores of the~~
435 ~~proficiency examination administered by the National Commission~~

36-00596A-21

2021894__

436 ~~on Certification of Physician Assistants. Between meetings of~~
437 ~~the council, the department may grant a temporary license to~~
438 ~~practice based on the completion of all temporary licensure~~
439 ~~requirements. All such administratively issued licenses shall be~~
440 ~~reviewed and acted on at the next regular meeting of the~~
441 ~~council. The recent graduate may be licensed before employment~~
442 ~~but must comply with paragraph (d). An applicant who has passed~~
443 ~~the proficiency examination may be granted permanent licensure.~~
444 ~~An applicant failing the proficiency examination is no longer~~
445 ~~temporarily licensed but may reapply for a 1-year extension of~~
446 ~~temporary licensure. An applicant may not be granted more than~~
447 ~~two temporary licenses and may not be licensed as a physician~~
448 ~~assistant until he or she passes the examination administered by~~
449 ~~the National Commission on Certification of Physician~~
450 ~~Assistants. As prescribed by board rule, the council may require~~
451 ~~an applicant who does not pass the licensing examination after~~
452 ~~five or more attempts to complete additional remedial education~~
453 ~~or training. The council shall prescribe the additional~~
454 ~~requirements in a manner that permits the applicant to complete~~
455 ~~the requirements and be reexamined within 2 years after the date~~
456 ~~the applicant petitions the council to retake the examination a~~
457 ~~sixth or subsequent time.~~

458 (d) ~~(f)~~ The Board of Medicine may impose any of the
459 penalties authorized under ss. 456.072 and 458.331(2) upon an
460 autonomous physician assistant or a physician assistant if the
461 autonomous physician assistant, physician assistant, or ~~the~~
462 supervising physician has been found guilty of or is being
463 investigated for any act that constitutes a violation of this
464 chapter or chapter 456.

36-00596A-21

2021894__

465 (9) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

466 (a) The boards shall register a physician assistant as an
467 autonomous physician assistant if the applicant demonstrates
468 that he or she satisfies all of the following requirements:

469 1. Holds an active, unencumbered license to practice as a
470 physician assistant in this state.

471 2. Has not been subject to any disciplinary action as
472 specified in s. 456.072, s. 458.331, or s. 459.015 or any
473 similar disciplinary action in any jurisdiction of the United
474 States within the 5 years immediately preceding the registration
475 request.

476 3. Has completed, in any state, jurisdiction, or territory
477 of the United States, at least 3,000 clinical practice hours
478 within the 5 years immediately preceding the submission of the
479 registration request while practicing as a physician assistant
480 under the supervision of an allopathic or osteopathic physician
481 who held an active, unencumbered license issued by any state,
482 the District of Columbia, or a territory or possession of the
483 United States during the period of such supervision. Clinical
484 instructional hours provided by the applicant may count toward
485 the clinical practice hour requirement. For purposes of this
486 subparagraph, the term "clinical instruction" means education
487 provided by faculty in a clinical setting in a graduate program
488 leading to a master's or doctoral degree in physician assistant
489 practice.

490 4. Has completed a graduate-level course in pharmacology
491 and differential diagnosis.

492 5. Obtains and maintains professional liability coverage at
493 the same level and in the same manner as in s. 458.320(1)(b) or

36-00596A-21

2021894__

494 (c). However, the requirements of this subparagraph do not apply
495 to:

496 a. Any person registered under this subsection who
497 practices exclusively as an officer, employee, or agent of the
498 Federal Government or of the state or its agencies or
499 subdivisions.

500 b. Any person whose license has become inactive and who is
501 not practicing as an autonomous physician assistant in this
502 state.

503 c. Any person who practices as an autonomous physician
504 assistant only in conjunction with his or her teaching duties at
505 an accredited school or its main teaching hospital. Such
506 practice is limited to that which is incidental to and a
507 necessary part of duties in connection with the teaching
508 position.

509 d. Any person who holds an active registration under this
510 subsection who is not practicing as an autonomous physician
511 assistant in this state. If such person initiates or resumes any
512 practice as an autonomous physician assistant, he or she must
513 notify the department of such activity and fulfill the
514 professional liability coverage requirements of this
515 subparagraph.

516 (b) The department shall distinguish an autonomous
517 physician assistant license if he or she is registered under
518 this subsection and shall include the registration in the
519 physician assistant's practitioner profile created pursuant to
520 s. 456.041.

521 (c) An autonomous physician assistant may do all of the
522 following without physician supervision:

36-00596A-21

2021894__

523 1. Render only primary care services as defined by rule of
524 the boards.

525 2. Provide any service that is within the scope of the
526 autonomous physician assistant's education and experience and
527 provided in accordance with rules adopted by the boards.

528 3. Prescribe, dispense, administer, or order any medicinal
529 drug as authorized by the formulary adopted under paragraph
530 (4) (f).

531 4. Provide a signature, a certification, a stamp, a
532 verification, an affidavit, or any other endorsement that is
533 otherwise required by law to be provided by a physician, except
534 for a physician certification under s. 381.986.

535 5. For patients requiring services in a health care
536 facility as defined in s. 408.032:

537 a. Admit a patient to the facility;

538 b. Manage the care received by the patient at the facility;
539 and

540 c. Discharge the patient from the facility, unless
541 prohibited by federal law or rule.

542 (d) An autonomous physician assistant must biennially renew
543 his or her registration under this subsection. The biennial
544 renewal must coincide with the autonomous physician assistant's
545 biennial renewal period for physician assistant licensure.

546 (e) The council shall develop rules defining the primary
547 care practice of autonomous physician assistants, including, but
548 not limited to, internal medicine, general pediatrics, family
549 medicine, geriatrics, and general obstetrics and gynecology
550 practices.

551 (f) When engaging in autonomous practice, an autonomous

36-00596A-21

2021894__

552 physician assistant must provide to a new patient, during or
553 before the initial patient encounter, written information
554 explaining his or her qualifications and the nature of
555 autonomous practice.

556 (g) An autonomous physician assistant must report adverse
557 incidents to the department in accordance with s. 458.351.

558 (10) ELECTRONIC SUBMISSIONS.—An application or other
559 documentation required to be submitted to the department under
560 this section ~~subsection~~ may be submitted electronically.

561 (11) DIRECT BILLING AND REIMBURSEMENT.—A physician
562 assistant may directly bill and receive payment from public and
563 private insurance companies for medical services rendered.

564 (12) ~~(8)~~ DELEGATION OF POWERS AND DUTIES.—The boards may
565 delegate such powers and duties to the council as they may deem
566 proper.

567 (13) ~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
568 Physician Assistants is created within the department.

569 (a) The council shall consist of five members appointed as
570 follows:

571 1. The chairperson of the Board of Medicine shall appoint
572 one member who is a physician and member of the Board of
573 Medicine who supervises a physician assistant in the physician's
574 practice.

575 2. The chairperson of the Board of Osteopathic Medicine
576 shall appoint one member who is a physician and member of the
577 Board of Osteopathic Medicine who supervises a physician
578 assistant in the physician's practice.

579 3. The State Surgeon General or his or her designee shall
580 appoint three fully licensed physician assistants licensed under

36-00596A-21

2021894__

581 this chapter or chapter 459.

582 (b) Members shall be appointed to terms of 4 years, except
583 that of the initial appointments, two members shall be appointed
584 to terms of 2 years, two members shall be appointed to terms of
585 3 years, and one member shall be appointed to a term of 4 years,
586 as established by rule of the boards. Council members may not
587 serve more than two consecutive terms. The council shall
588 annually elect a chairperson from among its members.

589 (c) The council shall:

590 1. Recommend to the department the licensure of physician
591 assistants.

592 2. Develop all rules regulating the use of physician
593 assistants by physicians under this chapter and chapter 459,
594 except for rules relating to the formulary developed under
595 paragraph (4) (f). The council shall also develop rules to ensure
596 that the continuity of supervision is maintained in each
597 practice setting. The boards shall consider adopting a proposed
598 rule developed by the council at the regularly scheduled meeting
599 immediately following the submission of the proposed rule by the
600 council. A proposed rule submitted by the council may not be
601 adopted by either board unless both boards have accepted and
602 approved the identical language contained in the proposed rule.
603 The language of all proposed rules submitted by the council must
604 be approved by both boards pursuant to each respective board's
605 guidelines and standards regarding the adoption of proposed
606 rules. If either board rejects the council's proposed rule, that
607 board must specify its objection to the council with
608 particularity and include any recommendations it may have for
609 the modification of the proposed rule.

36-00596A-21

2021894__

610 3. Make recommendations to the boards regarding all matters
611 relating to physician assistants.

612 4. Address concerns and problems of practicing physician
613 assistants in order to improve safety in the clinical practices
614 of licensed physician assistants.

615 (d) When the council finds that an applicant for licensure
616 has failed to meet, to the council's satisfaction, each of the
617 requirements for licensure set forth in this section, the
618 council may enter an order to:

619 1. Refuse to certify the applicant for licensure;

620 2. Approve the applicant for licensure with restrictions on
621 the scope of practice or license; or

622 3. Approve the applicant for conditional licensure. Such
623 conditions may include placement of the licensee on probation
624 for a period of time and subject to such conditions as the
625 council may specify, including but not limited to, requiring the
626 licensee to undergo treatment, to attend continuing education
627 courses, to work under the direct supervision of a physician
628 licensed in this state, or to take corrective action.

629 ~~(14)~~ ~~(10)~~ INACTIVE AND DELINQUENT STATUS.—A license on
630 inactive or delinquent status may be reactivated only as
631 provided in s. 456.036.

632 ~~(15)~~ ~~(11)~~ PENALTY.—Any person who has not been registered or
633 licensed by the council and approved by the department and who
634 holds himself or herself out as an autonomous physician
635 assistant or a physician assistant or who uses any other term in
636 indicating or implying that he or she is an autonomous physician
637 assistant or a physician assistant commits a felony of the third
638 degree, punishable as provided in s. 775.082 or s. 775.084 or by

36-00596A-21

2021894__

639 a fine not exceeding \$5,000.

640 (16)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
641 The boards may deny, suspend, or revoke the registration of an
642 autonomous physician assistant or the license of a physician
643 assistant license if a board determines that the autonomous
644 physician assistant or physician assistant has violated this
645 chapter.

646 (17)~~(13)~~ RULES.—The boards shall adopt rules to implement
647 this section, including, but not limited to, rules:

648 (a) Detailing the contents of the application for licensure
649 and notification under subsection (6);

650 (b) Relating to the registration of autonomous physician
651 assistants under subsection (9);

652 (c) Regulating the primary care practice of autonomous
653 physician assistants; pursuant to subsection (7) and rules to
654 ensure both

655 (d) Ensuring the continued competency of autonomous
656 physician assistants and physician assistants and the proper
657 utilization of them by physicians or groups of physicians.

658 (18)~~(14)~~ EXISTING PROGRAMS.—This section does not eliminate
659 or supersede existing laws relating to other paramedical
660 professions or services and is supplemental to all such existing
661 laws relating to the licensure and practice of paramedical
662 professions.

663 (19)~~(15)~~ LIABILITY.—Each supervising physician using a
664 physician assistant is liable for any acts or omissions of the
665 physician assistant acting under the physician's supervision and
666 control.

667 (20)~~(16)~~ LEGAL SERVICES.—Legal services shall be provided

36-00596A-21

2021894__

668 to the council pursuant to s. 456.009(1).

669 (21)~~(17)~~ FEES.—The department shall allocate the fees
670 collected under this section to the council.

671 Section 2. Section 459.022, Florida Statutes, is amended to
672 read:

673 459.022 Physician assistants.—

674 (1) LEGISLATIVE INTENT.—

675 ~~(a) The purpose of this section is to encourage more~~
676 assistants to practice osteopathic medicine in collaboration
677 with osteopathic physicians and other health care practitioners
678 to provide increased efficiency of and access to high-quality
679 medical services at a reasonable cost to consumers in this
680 state. Given their education, training, and experience in the
681 practice of osteopathic medicine, physician assistants are
682 competent to provide these medical services ~~encourage more~~
683 ~~effective utilization of the skills of osteopathic physicians or~~
684 ~~groups of osteopathic physicians by enabling them to delegate~~
685 ~~health care tasks to qualified assistants when such delegation~~
686 ~~is consistent with the patient's health and welfare.~~

687 ~~(b) In order that maximum skills may be obtained within a~~
688 ~~minimum time period of education, a physician assistant shall be~~
689 ~~specialized to the extent that she or he can operate efficiently~~
690 ~~and effectively in the specialty areas in which she or he has~~
691 ~~been trained or is experienced.~~

692 ~~(c) The purpose of this section is to encourage the~~
693 ~~utilization of physician assistants by osteopathic physicians~~
694 ~~and to allow for innovative development of programs for the~~
695 ~~education of physician assistants.~~

696 (2) DEFINITIONS.—As used in this section:

36-00596A-21

2021894__

697 (a) "Approved program" means a physician assistant program
698 in the United States or in its territories or possessions which
699 is accredited by the Accreditation Review Commission on
700 Education for the Physician Assistant or, for programs before
701 2001, accredited by its equivalent or predecessor entities the
702 Committee on Allied Health Education and Accreditation or the
703 Commission on Accreditation of Allied Health Education Programs
704 program, formally approved by the boards, for the education of
705 physician assistants.

706 (b) "Autonomous physician assistant" means a physician
707 assistant who meets the requirements of subsection (9) to
708 practice primary care without physician supervision.

709 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
710 of Osteopathic Medicine.

711 (e) ~~(e)~~ "Council" means the Council on Physician Assistants.

712 (i) ~~(d)~~ "Trainee" means a person who is currently enrolled
713 in an approved program.

714 (g) ~~(e)~~ "Physician assistant" means a person who is licensed
715 as a physician assistant under this chapter or chapter 458 and
716 is qualified by academic and clinical training to provide
717 medical services, under physician supervision and in
718 collaboration with other health care practitioners, to patients,
719 including, but not limited to, diagnosing illnesses, developing
720 and managing treatment plans, performing medical procedures, and
721 prescribing and dispensing medications ~~is a graduate of an~~
722 ~~approved program or its equivalent or meets standards approved~~
723 ~~by the boards and is licensed to perform medical services~~
724 ~~delegated by the supervising physician.~~

725 (h) ~~(f)~~ "Supervision" means responsible supervision and

36-00596A-21

2021894__

726 control. Except in cases of emergency, supervision requires the
727 easy availability or physical presence of the licensed physician
728 for consultation and direction of the actions of the physician
729 assistant. For the purposes of this definition, the term "easy
730 availability" includes the ability to communicate by way of
731 telecommunication. The boards shall establish rules as to what
732 constitutes responsible supervision of the physician assistant.

733 (f)(g) "National certification" ~~"Proficiency examination"~~
734 means a postgraduate certification ~~an entry-level~~ examination
735 approved by the boards, including, but not limited to, those
736 examinations administered by the National Commission on
737 Certification of Physician Assistants or its equivalent or
738 successor entity.

739 (d)(h) "Continuing medical education" means courses
740 recognized and approved by the boards, the American Academy of
741 Physician Assistants, the American Medical Association, the
742 American Osteopathic Association, or the Accreditation Council
743 on Continuing Medical Education.

744 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
745 group of physicians supervising a licensed physician assistant
746 must be qualified in the medical areas in which the physician
747 assistant is to perform and shall be individually or
748 collectively responsible and liable for the performance and the
749 acts and omissions of the physician assistant. ~~A physician may~~
750 ~~not supervise more than four currently licensed physician~~
751 ~~assistants at any one time. A physician supervising a physician~~
752 ~~assistant pursuant to this section may not be required to review~~
753 ~~and cosign charts or medical records prepared by such physician~~
754 ~~assistant.~~

36-00596A-21

2021894__

755 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

756 (a) The boards shall adopt, by rule, the general principles
757 that supervising physicians must use in developing the scope of
758 practice of a physician assistant under direct supervision and
759 under indirect supervision. These principles shall recognize the
760 diversity of both specialty and practice settings in which
761 physician assistants are used.

762 (b) This chapter does not prevent third-party payors from
763 reimbursing employers of physician assistants for covered
764 services rendered by licensed physician assistants.

765 (c) Licensed physician assistants may not be denied
766 clinical hospital privileges, except for cause, so long as the
767 supervising physician is a staff member in good standing.

768 (d) A supervisory physician may delegate to a licensed
769 physician assistant, pursuant to a written protocol, the
770 authority to act according to s. 154.04(1)(c). Such delegated
771 authority is limited to the supervising physician's practice in
772 connection with a county health department as defined and
773 established pursuant to chapter 154. The boards shall adopt
774 rules governing the supervision of physician assistants by
775 physicians in county health departments.

776 (e) A supervising physician may delegate to a fully
777 licensed physician assistant the authority to prescribe or
778 dispense any medication used in the supervising physician's
779 practice unless such medication is listed on the formulary
780 created pursuant to s. 458.347. A fully licensed physician
781 assistant may only prescribe or dispense such medication under
782 the following circumstances:

783 1. A physician assistant must clearly identify to the

36-00596A-21

2021894__

784 patient that she or he is a physician assistant and must inform
785 the patient that the patient has the right to see the physician
786 before a prescription is prescribed or dispensed by the
787 physician assistant.

788 2. The supervising physician must notify the department of
789 her or his intent to delegate, on a department-approved form,
790 before delegating such authority and of any change in
791 prescriptive privileges of the physician assistant. Authority to
792 dispense may be delegated only by a supervising physician who is
793 registered as a dispensing practitioner in compliance with s.
794 465.0276.

795 3. The physician assistant must complete a minimum of 10
796 continuing medical education hours in the specialty practice in
797 which the physician assistant has prescriptive privileges with
798 each licensure renewal. Three of the 10 hours must consist of a
799 continuing education course on the safe and effective
800 prescribing of controlled substance medications which is offered
801 by a provider that has been approved by the American Academy of
802 Physician Assistants and which is designated for the American
803 Medical Association Physician's Recognition Award Category 1
804 credit or designated by the American Academy of Physician
805 Assistants as a Category 1 credit.

806 4. The department may issue a prescriber number to the
807 physician assistant granting authority for the prescribing of
808 medicinal drugs authorized within this paragraph upon completion
809 of the requirements of this paragraph. The physician assistant
810 is not required to independently register pursuant to s.
811 465.0276.

812 5. The prescription may be in paper or electronic form but

36-00596A-21

2021894__

813 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
814 and must contain, in addition to the supervising physician's
815 name, address, and telephone number, the physician assistant's
816 prescriber number. Unless it is a drug or drug sample dispensed
817 by the physician assistant, the prescription must be filled in a
818 pharmacy permitted under chapter 465, and must be dispensed in
819 that pharmacy by a pharmacist licensed under chapter 465. The
820 inclusion of the prescriber number creates a presumption that
821 the physician assistant is authorized to prescribe the medicinal
822 drug and the prescription is valid.

823 6. The physician assistant must note the prescription or
824 dispensing of medication in the appropriate medical record.

825 (f) A supervisory physician may delegate to a licensed
826 physician assistant the authority to, and the licensed physician
827 assistant acting under the direction of the supervisory
828 physician may, order any medication for administration to the
829 supervisory physician's patient in a facility licensed under
830 chapter 395 or part II of chapter 400, notwithstanding any
831 provisions in chapter 465 or chapter 893 which may prohibit this
832 delegation.

833 (g) A licensed physician assistant may perform services
834 delegated by the supervising physician in the physician
835 assistant's practice in accordance with his or her education and
836 training unless expressly prohibited under this chapter, chapter
837 458, or rules adopted under this chapter or chapter 458.

838 (h) Nothing in this chapter prohibits a licensed physician
839 assistant from supervising a medical assistant in accordance
840 with s. 458.3485.

841 (i) Except for a physician certification under s. 381.986,

36-00596A-21

2021894__

842 a licensed physician assistant may provide a signature, a
843 certification, a stamp, a verification, an affidavit, or any
844 other endorsement that is otherwise required by law to be
845 provided by a physician, including, but not limited to, any of
846 the following:

847 1. Initiation of an involuntary examination pursuant to s.
848 394.463.

849 2. Orders not to resuscitate or orders for life-sustaining
850 treatment.

851 3. Death certificates, if the physician assistant has
852 received training on the completion of death certificates.

853 4. School physical examinations.

854 5. Medical evaluations for workers' compensation claims.

855 6. Orders for physical therapy, occupational therapy,
856 speech-language therapy, home health services, or durable
857 medical equipment.

858 7. Pronouncements of death.

859 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other law,~~
860 ~~a trainee may perform medical services when such services are~~
861 ~~rendered within the scope of an approved program.~~

862 ~~(6) PROGRAM APPROVAL.-~~

863 (a) The boards shall approve programs, based on
864 recommendations by the council, for the education and training
865 of physician assistants which meet standards established by rule
866 of the boards. The council may recommend only those physician
867 assistant programs that hold full accreditation or provisional
868 accreditation from the Accreditation Review Commission on
869 Education for the Physician Assistant or its equivalent or
870 successor organization ~~Commission on Accreditation of Allied~~

36-00596A-21

2021894__

871 ~~Health Programs or its successor organization.~~

872 (b) Notwithstanding any other law, a trainee may perform
873 medical services when such services are rendered within the
874 scope of an approved program ~~The boards shall adopt and publish~~
875 ~~standards to ensure that such programs operate in a manner that~~
876 ~~does not endanger the health or welfare of the patients who~~
877 ~~receive services within the scope of the programs. The boards~~
878 ~~shall review the quality of the curricula, faculties, and~~
879 ~~facilities of such programs and take whatever other action is~~
880 ~~necessary to determine that the purposes of this section are~~
881 ~~being met.~~

882 (6) ~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

883 (a) Any person desiring to be licensed as a physician
884 assistant must apply to the department. The department shall
885 ~~issue a license~~ each applicant recommended to any person
886 ~~certified~~ by the council as having met all of the following
887 requirements:

888 1. Is at least 18 years of age.

889 2. Has graduated from an approved physician assistant
890 program.

891 a. Applicants who matriculate after December 31, 2020, must
892 have obtained a master's degree from an approved program.

893 b. Applicants who matriculated before January 1, 2020, must
894 have obtained a bachelor's or master's degree from an approved
895 program.

896 c. Applicants who matriculated before July 1, 1994, must
897 have graduated from an approved program of instruction in
898 primary health care or surgery.

899 d. Applicants who matriculated before July 1, 1983, must

36-00596A-21

2021894__

900 have obtained certification as a physician assistant by the
901 board.

902 3. Has been nationally certified by obtaining a passing
903 score on the national certification ~~satisfactorily passed a~~
904 ~~proficiency~~ examination ~~by an acceptable score~~ established by
905 the National Commission on Certification of Physician
906 Assistants. If an applicant does not hold a current certificate
907 issued by the National Commission on Certification of Physician
908 Assistants and has not actively practiced as a physician
909 assistant within the immediately preceding 4 years, the
910 applicant must retake and successfully complete the initial
911 certification ~~entry-level~~ examination of the National Commission
912 on Certification of Physician Assistants to be eligible for
913 licensure.

914 ~~4.3.~~ Has completed the application form and remitted an
915 application fee not to exceed \$300 as set by the boards. An
916 application for licensure as made by a physician assistant must
917 include:

918 a. A diploma from an approved ~~certificate of completion of~~
919 ~~a~~ physician assistant ~~training~~ program specified in subsection
920 (5)(6).

921 b. A physician assistant program verification form.

922 ~~c.b.~~ Acknowledgment of any prior felony convictions.

923 ~~d.e.~~ Acknowledgment of any previous revocation or denial of
924 licensure or certification in any state.

925 ~~e.d.~~ A copy of course transcripts and ~~a copy of the~~ course
926 descriptions ~~description~~ from a physician assistant ~~training~~
927 program.

928 f. If applying for prescribing authority, a copy of the

36-00596A-21

2021894__

929 transcript and description of the course in pharmacotherapy
930 which the applicant completed at a physician assistant program
931 ~~describing course content in pharmacotherapy, if the applicant~~
932 ~~wishes to apply for prescribing authority.~~ These documents must
933 meet the evidence requirements for prescribing authority.

934 (b) A physician assistant must notify the board in writing
935 within 30 days after gaining or changing employment or after any
936 change in the physician assistant's supervising physician. The
937 notification must include the supervising physician's full name,
938 Florida medical license number, specialty, and address.

939 (7) TEMPORARY LICENSURE.—

940 (a) Notwithstanding subsection (6), the department may
941 grant a temporary license to practice as a physician assistant
942 to an applicant who meets all of the following criteria:

943 1. Is a recent graduate of an approved program as specified
944 in subsection (5).

945 2. Has satisfied the licensure requirements of paragraph
946 (6) (a) except for passage of the national certification
947 examination administered by the National Commission on
948 Certification of Physician Assistants.

949 3. Is registered or intends to register for the first
950 available national certification examination after the
951 applicant's graduation.

952 (b) An applicant with a temporary license must comply with
953 the notification requirements of paragraph (6) (b).

954 (c) A temporary license expires 30 days after the
955 department's receipt of the applicant's score on the national
956 certification examination.

957 (d) The department may grant a full license to an applicant

36-00596A-21

2021894__

958 who passes the national certification examination.

959 (e) An applicant who fails the national certification
960 examination no longer holds a temporary license to practice as a
961 physician assistant, but may reapply for a 1-year extension of
962 the temporary license. The department may not grant an applicant
963 more than one extension of the temporary license.

964 (f) An applicant may not be licensed as a physician
965 assistant until he or she passes the national certification
966 examination.

967 (g) As prescribed by board rule, the council may require an
968 applicant who does not pass the national certification
969 examination after five or more attempts to complete additional
970 remedial education or training. The council shall prescribe the
971 additional requirements in a manner that permits the applicant
972 to complete the requirements and be reexamined within 2 years
973 after the date the applicant petitions the council to retake the
974 examination a sixth or subsequent time.

975 (8) LICENSURE RENEWAL.—

976 (a)1. The licensure must be renewed biennially. Each
977 renewal must include:

978 1.a. A renewal fee not to exceed \$500 as set by the boards.

979 2.b. Acknowledgment of no felony convictions in the
980 previous 2 years.

981 3.e. A completed physician assistant workforce survey,
982 which shall be administered in the same manner as the physician
983 survey established in s. 459.0081 and must contain the same
984 information required under s. 459.0081(1) and (2).

985 (b)2. Beginning July 1, 2018, and every 2 years thereafter,
986 the department shall report the data collected from the

36-00596A-21

2021894__

987 physician assistant workforce surveys to the boards.

988 ~~3. The department shall adopt rules to implement this~~
989 ~~paragraph.~~

990 (c) Each licensed physician assistant shall biennially
991 complete 100 hours of continuing medical education or shall hold
992 a current certificate issued by the National Commission on
993 Certification of Physician Assistants.

994 ~~(d) Upon employment as a physician assistant, a licensed~~
995 ~~physician assistant must notify the department in writing within~~
996 ~~30 days after such employment or after any subsequent changes in~~
997 ~~the supervising physician. The notification must include the~~
998 ~~full name, Florida medical license number, specialty, and~~
999 ~~address of the supervising physician.~~

1000 ~~(e) Notwithstanding subparagraph (a)2., the department may~~
1001 ~~grant to a recent graduate of an approved program, as specified~~
1002 ~~in subsection (6), a temporary license to expire upon receipt of~~
1003 ~~scores of the proficiency examination administered by the~~
1004 ~~National Commission on Certification of Physician Assistants.~~
1005 ~~Between meetings of the council, the department may grant a~~
1006 ~~temporary license to practice to physician assistant applicants~~
1007 ~~based on the completion of all temporary licensure requirements.~~
1008 ~~All such administratively issued licenses shall be reviewed and~~
1009 ~~acted on at the next regular meeting of the council. The recent~~
1010 ~~graduate may be licensed prior to employment, but must comply~~
1011 ~~with paragraph (d). An applicant who has passed the proficiency~~
1012 ~~examination may be granted permanent licensure. An applicant~~
1013 ~~failing the proficiency examination is no longer temporarily~~
1014 ~~licensed, but may reapply for a 1-year extension of temporary~~
1015 ~~licensure. An applicant may not be granted more than two~~

36-00596A-21

2021894__

1016 ~~temporary licenses and may not be licensed as a physician~~
1017 ~~assistant until she or he passes the examination administered by~~
1018 ~~the National Commission on Certification of Physician~~
1019 ~~Assistants. As prescribed by board rule, the council may require~~
1020 ~~an applicant who does not pass the licensing examination after~~
1021 ~~five or more attempts to complete additional remedial education~~
1022 ~~or training. The council shall prescribe the additional~~
1023 ~~requirements in a manner that permits the applicant to complete~~
1024 ~~the requirements and be reexamined within 2 years after the date~~
1025 ~~the applicant petitions the council to retake the examination a~~
1026 ~~sixth or subsequent time.~~

1027 ~~(d)~~ (f) The Board of Osteopathic Medicine may impose any of
1028 the penalties authorized under ss. 456.072 and 459.015(2) upon
1029 an autonomous physician assistant or a physician assistant if
1030 the autonomous physician assistant, physician assistant, or the
1031 supervising physician has been found guilty of or is being
1032 investigated for any act that constitutes a violation of this
1033 chapter or chapter 456.

1034 (9) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

1035 (a) The boards shall register a physician assistant as an
1036 autonomous physician assistant if the applicant demonstrates
1037 that he or she satisfies all of the following requirements:

1038 1. Holds an active, unencumbered license to practice as a
1039 physician assistant in this state.

1040 2. Has not been subject to any disciplinary action as
1041 specified in s. 456.072, s. 458.331, or s. 459.015 or any
1042 similar disciplinary action in any jurisdiction of the United
1043 States within the 5 years immediately preceding the registration
1044 request.

36-00596A-21

2021894__

1045 3. Has completed, in any state, jurisdiction, or territory
1046 of the United States, at least 3,000 clinical practice hours
1047 within the 5 years immediately preceding the submission of the
1048 registration request while practicing as a physician assistant
1049 under the supervision of an allopathic or osteopathic physician
1050 who held an active, unencumbered license issued by any state,
1051 the District of Columbia, or a territory or possession of the
1052 United States during the period of such supervision. Clinical
1053 instructional hours provided by the applicant may count toward
1054 the clinical practice hour requirement. For purposes of this
1055 subparagraph, the term "clinical instruction" means education
1056 provided by faculty in a clinical setting in a graduate program
1057 leading to a master's or doctoral degree in physician assistant
1058 practice.

1059 4. Has completed a graduate-level course in pharmacology
1060 and differential diagnosis.

1061 5. Obtains and maintains professional liability coverage at
1062 the same level and in the same manner as in s. 458.320(1)(b) or
1063 (c). However, the requirements of this subparagraph do not apply
1064 to:

1065 a. Any person registered under this subsection who
1066 practices exclusively as an officer, employee, or agent of the
1067 Federal Government or of the state or its agencies or
1068 subdivisions.

1069 b. Any person whose license has become inactive and who is
1070 not practicing as an autonomous physician assistant in this
1071 state.

1072 c. Any person who practices as an autonomous physician
1073 assistant only in conjunction with his or her teaching duties at

36-00596A-21

2021894__

1074 an accredited school or its main teaching hospital. Such
1075 practice is limited to that which is incidental to and a
1076 necessary part of duties in connection with the teaching
1077 position.

1078 d. Any person who holds an active registration under this
1079 subsection who is not practicing as an autonomous physician
1080 assistant in this state. If such person initiates or resumes any
1081 practice as an autonomous physician assistant, he or she must
1082 notify the department of such activity and fulfill the
1083 professional liability coverage requirements of this
1084 subparagraph.

1085 (b) The department shall distinguish an autonomous
1086 physician assistant license if he or she is registered under
1087 this subsection and include the registration in the physician
1088 assistant's practitioner profile created pursuant to s. 456.041.

1089 (c) An autonomous physician assistant may do all of the
1090 following without physician supervision:

1091 1. Render only primary care services as defined by rule of
1092 the boards.

1093 2. Provide any service that is within the scope of the
1094 autonomous physician assistant's education and experience and
1095 provided in accordance with rules adopted by the boards.

1096 3. Prescribe, dispense, administer, or order any medicinal
1097 drug as authorized by the formulary adopted pursuant to s.
1098 458.347(4)(f).

1099 4. Provide a signature, a certification, a stamp, a
1100 verification, an affidavit, or any other endorsement that is
1101 otherwise required by law to be provided by a physician, except
1102 for a physician certification under s. 381.986.

36-00596A-21

2021894__

- 1103 5. For patients requiring services in a health care
1104 facility as defined in s. 408.032:
- 1105 a. Admit a patient to the facility;
1106 b. Manage the care received by the patient at the facility;
1107 and
- 1108 c. Discharge the patient from the facility, unless
1109 prohibited by federal law or rule.
- 1110 (d) An autonomous physician assistant must biennially renew
1111 his or her registration under this subsection. The biennial
1112 renewal must coincide with the autonomous physician assistant's
1113 biennial renewal period for physician assistant licensure.
- 1114 (e) The council shall develop rules defining the primary
1115 care practice of autonomous physician assistants, including, but
1116 not limited to, internal medicine, general pediatrics, family
1117 medicine, geriatrics, and general obstetrics and gynecology
1118 practices.
- 1119 (f) When engaging in autonomous practice, an autonomous
1120 physician assistant must provide to a new patient, during or
1121 before the initial patient encounter, written information
1122 explaining his or her qualifications and the nature of
1123 autonomous practice.
- 1124 (g) An autonomous physician assistant must report adverse
1125 incidents to the department in accordance with s. 458.351.
- 1126 (10) ELECTRONIC SUBMISSIONS.—An application or other
1127 documentation required to be submitted to the department under
1128 this ~~section~~ subsection may be submitted electronically.
- 1129 (11) DIRECT BILLING AND REIMBURSEMENT.—A physician
1130 assistant may directly bill and receive payment from public and
1131 private insurance companies for medical services rendered.

36-00596A-21

2021894__

1132 (12)~~(8)~~ DELEGATION OF POWERS AND DUTIES.—The boards may
1133 delegate such powers and duties to the council as they may deem
1134 proper.

1135 (13)~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1136 Physician Assistants is created within the department.

1137 (a) The council shall consist of five members appointed as
1138 follows:

1139 1. The chairperson of the Board of Medicine shall appoint
1140 one member who is a physician and member of the Board of
1141 Medicine who supervises a physician assistant in the physician's
1142 practice.

1143 2. The chairperson of the Board of Osteopathic Medicine
1144 shall appoint one member who is a physician and member of the
1145 Board of Osteopathic Medicine who supervises a physician
1146 assistant in the physician's practice.

1147 3. The State Surgeon General or her or his designee shall
1148 appoint three fully licensed physician assistants licensed under
1149 chapter 458 or this chapter.

1150 (b) Members shall be appointed to terms of 4 years, except
1151 that of the initial appointments, two members shall be appointed
1152 to terms of 2 years, two members shall be appointed to terms of
1153 3 years, and one member shall be appointed to a term of 4 years,
1154 as established by rule of the boards. Council members may not
1155 serve more than two consecutive terms. The council shall
1156 annually elect a chairperson from among its members.

1157 (c) The council shall:

1158 1. Recommend to the department the licensure of physician
1159 assistants.

1160 2. Develop all rules regulating the use of physician

36-00596A-21

2021894__

1161 assistants by physicians under chapter 458 and this chapter,
1162 except for rules relating to the formulary developed under s.
1163 458.347. The council shall also develop rules to ensure that the
1164 continuity of supervision is maintained in each practice
1165 setting. The boards shall consider adopting a proposed rule
1166 developed by the council at the regularly scheduled meeting
1167 immediately following the submission of the proposed rule by the
1168 council. A proposed rule submitted by the council may not be
1169 adopted by either board unless both boards have accepted and
1170 approved the identical language contained in the proposed rule.
1171 The language of all proposed rules submitted by the council must
1172 be approved by both boards pursuant to each respective board's
1173 guidelines and standards regarding the adoption of proposed
1174 rules. If either board rejects the council's proposed rule, that
1175 board must specify its objection to the council with
1176 particularity and include any recommendations it may have for
1177 the modification of the proposed rule.

1178 3. Make recommendations to the boards regarding all matters
1179 relating to physician assistants.

1180 4. Address concerns and problems of practicing physician
1181 assistants in order to improve safety in the clinical practices
1182 of licensed physician assistants.

1183 (d) When the council finds that an applicant for licensure
1184 has failed to meet, to the council's satisfaction, each of the
1185 requirements for licensure set forth in this section, the
1186 council may enter an order to:

- 1187 1. Refuse to certify the applicant for licensure;
- 1188 2. Approve the applicant for licensure with restrictions on
1189 the scope of practice or license; or

36-00596A-21

2021894__

1190 3. Approve the applicant for conditional licensure. Such
1191 conditions may include placement of the licensee on probation
1192 for a period of time and subject to such conditions as the
1193 council may specify, including but not limited to, requiring the
1194 licensee to undergo treatment, to attend continuing education
1195 courses, to work under the direct supervision of a physician
1196 licensed in this state, or to take corrective action.

1197 ~~(14)~~ ~~(10)~~ INACTIVE AND DELINQUENT STATUS.—A license on
1198 inactive or delinquent status may be reactivated only as
1199 provided in s. 456.036.

1200 ~~(15)~~ ~~(11)~~ PENALTY.—Any person who has not been registered or
1201 licensed by the council and approved by the department and who
1202 holds herself or himself out as an autonomous physician
1203 assistant or a physician assistant or who uses any other term in
1204 indicating or implying that she or he is an autonomous physician
1205 assistant or a physician assistant commits a felony of the third
1206 degree, punishable as provided in s. 775.082 or s. 775.084 or by
1207 a fine not exceeding \$5,000.

1208 ~~(16)~~ ~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1209 The boards may deny, suspend, or revoke the registration of an
1210 autonomous physician assistant or the license of a physician
1211 assistant ~~license~~ if a board determines that the autonomous
1212 physician assistant or physician assistant has violated this
1213 chapter.

1214 ~~(17)~~ ~~(13)~~ RULES.—The boards shall adopt rules to implement
1215 this section, including, but not limited to, rules:

1216 (a) Detailing the contents of the application for licensure
1217 and notification under subsection (6);

1218 (b) Relating to the registration of autonomous physician

36-00596A-21

2021894__

1219 assistants under subsection (9);

1220 (c) Regulating the primary care practice of autonomous
1221 physician assistants; pursuant to subsection (7) and rules to
1222 ensure both

1223 (d) Ensuring the continued competency of autonomous
1224 physician assistants and physician assistants and the proper
1225 utilization of them by physicians or groups of physicians.

1226 (18)-(14) EXISTING PROGRAMS.—This section does not eliminate
1227 or supersede existing laws relating to other paramedical
1228 professions or services and is supplemental to all such existing
1229 laws relating to the licensure and practice of paramedical
1230 professions.

1231 (19)-(15) LIABILITY.—Each supervising physician using a
1232 physician assistant is liable for any acts or omissions of the
1233 physician assistant acting under the physician's supervision and
1234 control.

1235 (20)-(16) LEGAL SERVICES.—Legal services shall be provided
1236 to the council pursuant to s. 456.009(1).

1237 (21)-(17) FEES.—The department shall allocate the fees
1238 collected under this section to the council.

1239 Section 3. Paragraph (a) of subsection (2) and subsections
1240 (3) and (5) of section 382.008, Florida Statutes, are amended to
1241 read:

1242 382.008 Death, fetal death, and nonviable birth
1243 registration.—

1244 (2) (a) The funeral director who first assumes custody of a
1245 dead body or fetus shall file the certificate of death or fetal
1246 death. In the absence of the funeral director, the physician,
1247 physician assistant, advanced practice registered nurse

36-00596A-21

2021894__

1248 registered under s. 464.0123, or other person in attendance at
1249 or after the death or the district medical examiner of the
1250 county in which the death occurred or the body was found shall
1251 file the certificate of death or fetal death. The person who
1252 files the certificate shall obtain personal data from a legally
1253 authorized person as described in s. 497.005 or the best
1254 qualified person or source available. The medical certification
1255 of cause of death shall be furnished to the funeral director,
1256 either in person or via certified mail or electronic transfer,
1257 by the physician, physician assistant, advanced practice
1258 registered nurse registered under s. 464.0123, or medical
1259 examiner responsible for furnishing such information. For fetal
1260 deaths, the physician, physician assistant, advanced practice
1261 registered nurse registered under s. 464.0123, midwife, or
1262 hospital administrator shall provide any medical or health
1263 information to the funeral director within 72 hours after
1264 expulsion or extraction.

1265 (3) Within 72 hours after receipt of a death or fetal death
1266 certificate from the funeral director, the medical certification
1267 of cause of death shall be completed and made available to the
1268 funeral director by the decedent's primary or attending
1269 practitioner or, if s. 382.011 applies, the district medical
1270 examiner of the county in which the death occurred or the body
1271 was found. The primary or attending practitioner or the medical
1272 examiner shall certify over his or her signature the cause of
1273 death to the best of his or her knowledge and belief. As used in
1274 this section, the term "primary or attending practitioner" means
1275 a physician, physician assistant, or advanced practice
1276 registered nurse registered under s. 464.0123 who treated the

36-00596A-21

2021894__

1277 decedent through examination, medical advice, or medication
1278 during the 12 months preceding the date of death.

1279 (a) The department may grant the funeral director an
1280 extension of time upon a good and sufficient showing of any of
1281 the following conditions:

1282 1. An autopsy is pending.

1283 2. Toxicology, laboratory, or other diagnostic reports have
1284 not been completed.

1285 3. The identity of the decedent is unknown and further
1286 investigation or identification is required.

1287 (b) If the decedent's primary or attending practitioner or
1288 the district medical examiner of the county in which the death
1289 occurred or the body was found indicates that he or she will
1290 sign and complete the medical certification of cause of death
1291 but will not be available until after the 5-day registration
1292 deadline, the local registrar may grant an extension of 5 days.
1293 If a further extension is required, the funeral director must
1294 provide written justification to the registrar.

1295 (5) A permanent certificate of death or fetal death,
1296 containing the cause of death and any other information that was
1297 previously unavailable, shall be registered as a replacement for
1298 the temporary certificate. The permanent certificate may also
1299 include corrected information if the items being corrected are
1300 noted on the back of the certificate and dated and signed by the
1301 funeral director, physician, physician assistant, advanced
1302 practice registered nurse registered under s. 464.0123, or
1303 district medical examiner of the county in which the death
1304 occurred or the body was found, as appropriate.

1305 Section 4. Paragraph (a) of subsection (2) of section

36-00596A-21

2021894__

1306 394.463, Florida Statutes, is amended to read:

1307 394.463 Involuntary examination.—

1308 (2) INVOLUNTARY EXAMINATION.—

1309 (a) An involuntary examination may be initiated by any one
1310 of the following means:

1311 1. A circuit or county court may enter an ex parte order
1312 stating that a person appears to meet the criteria for
1313 involuntary examination and specifying the findings on which
1314 that conclusion is based. The ex parte order for involuntary
1315 examination must be based on written or oral sworn testimony
1316 that includes specific facts that support the findings. If other
1317 less restrictive means are not available, such as voluntary
1318 appearance for outpatient evaluation, a law enforcement officer,
1319 or other designated agent of the court, shall take the person
1320 into custody and deliver him or her to an appropriate, or the
1321 nearest, facility within the designated receiving system
1322 pursuant to s. 394.462 for involuntary examination. The order of
1323 the court shall be made a part of the patient's clinical record.
1324 A fee may not be charged for the filing of an order under this
1325 subsection. A facility accepting the patient based on this order
1326 must send a copy of the order to the department within 5 working
1327 days. The order may be submitted electronically through existing
1328 data systems, if available. The order shall be valid only until
1329 the person is delivered to the facility or for the period
1330 specified in the order itself, whichever comes first. If a time
1331 limit is not specified in the order, the order is valid for 7
1332 days after the date that the order was signed.

1333 2. A law enforcement officer shall take a person who
1334 appears to meet the criteria for involuntary examination into

36-00596A-21

2021894__

1335 custody and deliver the person or have him or her delivered to
1336 an appropriate, or the nearest, facility within the designated
1337 receiving system pursuant to s. 394.462 for examination. The
1338 officer shall execute a written report detailing the
1339 circumstances under which the person was taken into custody,
1340 which must be made a part of the patient's clinical record. Any
1341 facility accepting the patient based on this report must send a
1342 copy of the report to the department within 5 working days.

1343 3. A physician, a physician assistant, a clinical
1344 psychologist, a psychiatric nurse, an advanced practice
1345 registered nurse registered under s. 464.0123, a mental health
1346 counselor, a marriage and family therapist, or a clinical social
1347 worker may execute a certificate stating that he or she has
1348 examined a person within the preceding 48 hours and finds that
1349 the person appears to meet the criteria for involuntary
1350 examination and stating the observations upon which that
1351 conclusion is based. If other less restrictive means, such as
1352 voluntary appearance for outpatient evaluation, are not
1353 available, a law enforcement officer shall take into custody the
1354 person named in the certificate and deliver him or her to the
1355 appropriate, or nearest, facility within the designated
1356 receiving system pursuant to s. 394.462 for involuntary
1357 examination. The law enforcement officer shall execute a written
1358 report detailing the circumstances under which the person was
1359 taken into custody. The report and certificate shall be made a
1360 part of the patient's clinical record. Any facility accepting
1361 the patient based on this certificate must send a copy of the
1362 certificate to the department within 5 working days. The
1363 document may be submitted electronically through existing data

36-00596A-21

2021894__

1364 systems, if applicable.

1365

1366 When sending the order, report, or certificate to the
1367 department, a facility shall, at a minimum, provide information
1368 about which action was taken regarding the patient under
1369 paragraph (g), which information shall also be made a part of
1370 the patient's clinical record.

1371 Section 5. Paragraphs (a) and (c) of subsection (3) of
1372 section 401.45, Florida Statutes, are amended to read:

1373 401.45 Denial of emergency treatment; civil liability.—

1374 (3) (a) Resuscitation may be withheld or withdrawn from a
1375 patient by an emergency medical technician or paramedic if
1376 evidence of an order not to resuscitate by the patient's
1377 physician or physician assistant is presented to the emergency
1378 medical technician or paramedic. An order not to resuscitate, to
1379 be valid, must be on the form adopted by rule of the department.
1380 The form must be signed by the patient's physician or physician
1381 assistant and by the patient or, if the patient is
1382 incapacitated, the patient's health care surrogate or proxy as
1383 provided in chapter 765, court-appointed guardian as provided in
1384 chapter 744, or attorney in fact under a durable power of
1385 attorney as provided in chapter 709. The court-appointed
1386 guardian or attorney in fact must have been delegated authority
1387 to make health care decisions on behalf of the patient.

1388 (c) The department, in consultation with the Department of
1389 Elderly Affairs and the Agency for Health Care Administration,
1390 shall develop a standardized do-not-resuscitate identification
1391 system with devices that signify, when carried or worn, that the
1392 possessor is a patient for whom a physician or physician

36-00596A-21

2021894__

1393 assistant has issued an order not to administer cardiopulmonary
1394 resuscitation. The department may charge a reasonable fee to
1395 cover the cost of producing and distributing such identification
1396 devices. Use of such devices shall be voluntary.

1397 Section 6. This act shall take effect July 1, 2021.